

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN1796AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/13/2010
NAME OF PROVIDER OR SUPPLIER GOLDEN VALLEY GROUP CARE 2			STREET ADDRESS, CITY, STATE, ZIP CODE 1140 MANHATTAN ST RENO, NV 89512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 7/13/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The facility received the survey grade of A. The following deficiencies were identified:	Y 000			
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation on 7/13/10 the premises were not kept well maintained (emergency light in	Y 178			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 178	Continued From page 1 living room not functioning, kitchen grout dirty, screen missing in front room window, external window areas not sealed around air conditioners in rooms 5,6 and 7, old dryer and air unit stored on back patio.) Severity: 2 Scope: 3	Y 178			
Y 880 SS=D	449.2742(6)(a)(3) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on observation and record review on 7/13/10, the facility failed to ensure a medication prescribed matched the medication on site (Resident #4 - Divalproex). Findings include: Resident file and Medication Administration Record (MAR) indicate Divalproex was ordered at 750 milligrams, 3 capsules at bedtime. The	Y 880			

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Y 880	Continued From page 2 prescribing physician verified this order on 7/1/10. The medication bubble pack from the pharmacy filled on 6/14/10 indicated prescription of Divalproex 125 milligrams, three capsules per day. The facility lacks documentation that the order had been changed to 375 mg per day - which is the current dose - instead of 750 mg per day. Severity: 2 Scope: 1	Y 880			
Y 898 SS=A	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review on 7/13/10, the facility failed to ensure the medication administration record (MAR) was accurate for 2 of 10 residents (Resident #8, and #9). Severity: 1 Scope: 1	Y 898			

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Y 920 Y 920 SS=E	Continued From page 3 449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation on 7/13/10 the facility failed to ensure that medications kept in resident rooms were kept in a locked container for 3 of 10 residents (Resident #2, #6 and #9 - meds in unlocked bedroom dresser drawers). Severity: 2 Scope: 2	Y 920 Y 920			

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